



NU FAMILY DENTAL

HEALTH HISTORY UPDATE FORM

Patient Name: _____	Date: _____	
Do you have a fever or have you felt hot or feverish recently (14-21 days)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you having shortness of breath or other difficulties breathing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a cough?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you experienced recent loss of taste or smell?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you in contact with any confirmed COVID-19 positive patients?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Have there been any changes in your health since your last dental appointment?

Yes _____ No _____

If Yes, for what conditions? _____

Have you been hospitalized since your last dental appointment? Yes _____ No _____

If yes, for what conditions? _____

Are you taking any new medications? If so, please list below.



COVID-19 Dental Treatment Consent Form

I, _____, consent to have dental treatment during the ease out of the COVID-19 pandemic at this office. I have also been verbally informed of the risks.

(Initials) I confirm that I am not presenting with any of the following symptoms of COVID-19 listed below:
Fever, Shortness of Breath, Sore Throat, Dry Cough, Sudden loss of taste or smell, Runny Nose

(Initials) I verify that I have not traveled outside USA in the past 14 days. And that I have been following the self-quarantine and social distancing guidelines for the past 14 days minimum. I also have not been exposed to a CORONAVIRUS positive patient in the last 14 days, to the best of my knowledge.

(Initials) I understand that this office screens all patients and staff for possible COVID-19 infection per the current guidelines. However, carriers of the virus may be completely asymptomatic and still be contagious. Some may never develop full-blown symptoms. Presently, it is impossible to determine who is an asymptomatic carrier. While this office strictly adheres to the CDC/OSHA/WISHA standards as they currently exist, Coronavirus is a new, highly contagious pathogen that can be transmitted to and from healthcare workers even under strictly followed CDC/OSHA/WISHA standards. This virus can be spread through droplets or contact. Additionally, certain Dental procedures create water mist (aerosol) which is one way the virus is spread. The aerosol and thus the virus can linger in the air for hours after certain dental procedures.

(Initials) I understand that due to other dental patients visiting the office and due to the characteristics of the virus and dental procedures, I have an elevated risk of contracting the virus simply by being in a dental office.

(Initials) I understand the CDC recommends social distancing of at least 6 feet, and this is not possible when seeking dental care.

Signature: _____ Date: _____